

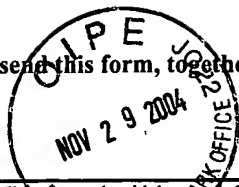
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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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27479 7590 08/30/2004

COCHRAN FREUND & YOUNG LLC
 3555 STANFORD ROAD
 SUITE 230
 FORT COLLINS, CO 80525

12/02/2004 ZJUHR2 00000022 10675876

01 FC:2501 685.00 OP
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/675,876	09/29/2003	Ravi Varma	ECOT.01USF1	6820

TITLE OF INVENTION: MICROWAVE-ASSISTED STEAM STERILIZATION OF DENTAL AND SURGICAL INSTRUMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685 685	\$300	\$985 985	11/30/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LEUNG, PHILIP H	3742	219-679000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Samuel M. Freund

2 Cochran Freund & Young LLC

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ecofriend Technologies, Inc.

1888 West Plum Circle, Louisville, CO 80027

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Date November 29, 2004

Typed or printed name

Samuel M. Freund

Registration No. 30,459

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Ravi Varma

Application No.: 10/675,876

Examiner: Leung, Philip H.

Filing Date: September 29, 2003

Group Art Unit: 3742

Title: MICROWAVE-ASSISTED STEAM STERILIZATION OF DENTAL AND SURGICAL INSTRUMENTS

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Sir:

Transmitted herewith is/are the following in the above-identified application:

- | | |
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| <input type="checkbox"/> Response/Amendment | <input type="checkbox"/> Petition to extend time to respond |
| <input type="checkbox"/> New fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input type="checkbox"/> No additional fee (Address enveloped to "Box Non-Fee Amendments") | |
| <input checked="" type="checkbox"/> Other: Issue Fee Transmittal | |

CLAIMS AS AMENDED BY SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS		MINUS		=	X \$9	\$
INDEP. CLAIMS		MINUS		=	X \$44	\$
[] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$150	\$
EXTENSION FEE	1ST MONTH \$55	2ND MONTH \$215	3RD MONTH \$490	4TH MONTH \$765	\$	
TOTAL FEE						

☒ Attached is a check for **\$1,015.00**.

☐ Please charge to Deposit Account 50-1491 the amount of \$_____.

☒ At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 50-1491 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 50-1491 under 37 CFR 1.19, 1.20 and 1.21. **A duplicate copy of this sheet is enclosed.**

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Respectfully submitted,

By:
Samuel M. Freund
Attorney/Agent for Applicant(s)
Reg. No.: 30,459

Telephone No.: (970) 377-6363

Date of Deposit: November 29, 2004

Date: November 29, 2004

Signature:

Typed Name: Chad Laszlo